



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County: 33 Musselshell			District: 0605 Roundup Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
55	1952	No	Gray, Robert & Beth Ann	0.25	_____
55	1953	No	Mraz, Pam	1.00	_____
55	1954	No	Russell, Roxy	0.50	_____
55	1955	Yes	Krebs, June E	0.50	_____
55	2314	No	Turley, Kathy or Greg	1.00	_____



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Date			Signature, Chair, Board of Trustees			
County: 33 Musselshell			District: 0606 Roundup H S		District Level: High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
55H	1955	Yes	Krebs, June E		0.50	



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County: 33 Musselshell			District: 0607 Melstone Elem		District Level: Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
64J	1775	Yes	Kloetze, Paul & Sharon	0.94	_____
64J	1776	No	Adams, Sidney	0.80	_____
64J	1956	No	McCaffree, Marty & Cindy	1.00	_____
64J	1957	No	Singh, Tamera	6.00	_____
64J	1958	No	Wilson, Jim & Patti	4.75	_____
64J	2434	Yes	Nygren, June	1.35	_____



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District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
64-H	1774	No	Grebe, Ed & Leta	3.50	_____
64-H	1775	Yes	Kloetze, Paul & Sharon	0.94	_____
64-H	1959	No	Benson, John & Pam	2.25	_____
64-H	1960	No	Kincheloe, Art & Yvonne	1.75	_____
64-H	2434	Yes	Nygren, June	1.35	_____